



ARIZONA STATE RETIREMENT SYSTEM (ASRS) DIRECT DEPOSIT INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-5388
www.azasrs.gov

The ASRS is pleased to offer you the convenience of electronic deposit of your monthly benefit. Please follow these instructions to complete your Direct Deposit request.

SECTION 1 – Deposit Request - Check the appropriate box to indicate the type of authorization you are requesting.

- Choose the **Start a New Authorization** if you are a new retiree or have not previously set up a direct deposit account for your monthly benefit.
- Choose the **Change Existing Authorization** if you would like to change the account number and/or financial institution of an existing account. **Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.**
- Choose the **Cancel Existing Authorization** if you would like to cancel your current direct deposit and receive your check through the U.S. mail.

SECTION 2 – Member Information

- Please check whether or not the address you are listing on this document is new.
- Print your **Social Security number** and a **Daytime Phone Number**.
- Print your **Last** name, **First** name and **Middle initial**.
- Print your **Mailing Address, City, State** and **ZIP** code.
- **Multiple ASRS Account Information** – Indicate if you have more than one account with the ASRS, (Plan, System, Beneficiary, Domestic Relations Order. If you have more than one account and do not want every account to be direct deposited, indicate which account(s) you would like to be direct deposited. If you are unsure how to complete this section, please contact the ASRS Member Service Advisory Center at the numbers listed at the top of this page.

SECTION 3 – Bank Information - Complete all information.

- Indicate whether you wish to have funds deposited into either your **checking** or **savings** account. You may choose only one.
- If you are depositing your funds to a **bank**, attach a voided check. If you are depositing your funds to a financial institution other than a bank (i.e. **credit union**), attach a deposit slip or a voided check.
- Print the name of your **banking institution**.
- Referring to the examples provided, print the **routing number** of your bank and your **account number**.

The agreement represented by this authorization remains in effect until canceled by the member's written notice to the ASRS, or the death of the payee. The ASRS reserves the right to discontinue or cancel this electronic direct deposit agreement at any time. If this should happen, written notice will be provided to you.

Special Notice to Joint Bank Account Holders

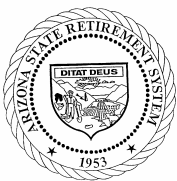
Joint bank account holders should immediately advise both the ASRS and the financial institution of the death of the payee. Funds deposited after the date of death are to be returned to the ASRS. A determination regarding survivor benefits will be made by the ASRS.

SECTION 4 – Authorization & Signature

- **Sign** your legal name as the authorizing member or authorized legal representative. **Date** the form with the current date. All requested information must be completed and the form **must be signed** to initiate an electronic deposit. Items left blank will delay processing the transfer of funds.

Time Frames

The ASRS must have the properly completed Direct Deposit form by the 10th of the month to make the change for the following month. However, to ensure your funds are received in a timely manner, we recommend that you not close the old account until the first deposit is made to your new account.



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PLEASE PRINT

COMPLETE AND SEND TO:
ASRS - Financial Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-5388
www.azasrs.gov

SECTION 1 – ☐ Start New Authorization ☐ Change Existing Authorization ☐ Cancel Existing Authorization

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service about distributions and withholdings with respect to the individual's account.

SECTION 2 – Member Information

New Address? Yes ☐ No ☐

Social Security Number

Daytime Phone Number
()

Member Name (Last)

(First)

(Middle Initial)

Mailing Address

City

State

ZIP

Do you have more than one account with the ASRS? Yes ☐ No ☐

If so, would you like to direct deposit all checks? Yes ☐ No ☐

If **NOT** depositing all, which benefit checks do you want to direct deposit? _____

SECTION 3 – Bank Information

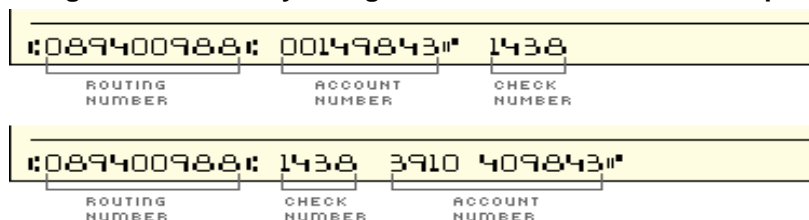
Deposit directly into my:

☐ Checking Account ☐ Savings Account (Check only one.)

Banking Institution _____

Routing # _____ Account # _____

The routing number is always 9 digits for a U.S. check. See example below:



SECTION 4 – Authorization & Signature

- By my signature below, I hereby authorize the ASRS to deposit my monthly pension check into the account located at the financial institution listed above.
- By my signature below, I authorize the ASRS and this bank to debit my account for the purpose of error corrections and refund of pension payments inadvertently made after my death.
- By my signature below, I authorize the bank to release address information in the event member mail is returned to the ASRS.

Member Signature or Authorized Legal Representative

Date

X

